

When a child is born, the parents must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 173

Registered No. 501

1. PLACE OF BIRTH

County Yuma

State Arizona

District or Township

or Village

City

No. Kent Street

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Freda Sawala

3. Sex of Child Female

To be answered ONLY in event of plural births.

4. Twin, triplet or other.

6. Legitimate? Yes

7. Date

of birth

August 22-1930

Month Day Year

5. No., in order of birth.

8.

FATHER

Full name Chesny Sawala

14.

MOTHER

Full maiden name Amelia Kalil

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami Arizona

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami Arizona

10. Color or race

Syrian

11. Age at last birthday 36 (Years)

16. Color or race

Syrian

17. Age at last birthday 30 (Years)

12. Birthplace (city or place)

(State or country)

Syria

18. Birthplace (city or place)

(State or country)

Syria

13. Occupation

Nature of Industry

Service Station Prop.

19. Occupation

Nature of Industry

H. W.

20. Number of children of this mother. 6

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4

(b) Born alive but now dead 0

(c) Stillborn 2

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 4 P.M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Jinn

(Physician or midwife.)

Given name added from a supplemental report

Month, day, year

Address Miami Arizona

Registrar.

Filed Aug 25 1930

C. E. Jinn

Registrar

621-622-123